

Supplemental Application Data Sheet

Application Information

| | |
|-------------------------------------|---|
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | None |
| Computer Readable Form (CRF):: | No |
| Number of copies of CRF:: | 0 |
| Title:: | ANTISENSE COMPOUNDS, METHODS AND COMPOSITIONS FOR TREATING NGAL-RELATED INFLAMMATORY DISORDERS |
| Attorney Docket Number:: | 1506-1035-1 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 2 |
| Small Entity?:: | Yes |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included?:: | No |
| Petition Type:: | |
| Licensed US Gov't Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |

Page #1

Supplemental
10/620,576
03/18/04

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: ANDREAS
Middle Name::
Family Name:: DIECKMANN
Name Suffix::
City of Residence:: BROMMA
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing MARGARETELUNDSVAGEN 76
Address::
City of Mailing Address:: BROMMA
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-167 36

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: ROBERT
Middle Name::
Family Name:: LOFBERG
Name Suffix::
City of Residence:: DJURSHOLM
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing EKEBYVAGEN 9
Address::

Page #2

Supplemental
10/620,576
03/18/04

City of Mailing Address:: DJURSHOLM
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-182 55

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: OLIVER
Middle Name::
Family Name:: VON STEIN
Name Suffix::
City of Residence:: SPANGA
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: BATSMAN STENS VAG 23
City of Mailing Address:: SPANGA
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-163 41

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: PETRA
Middle Name::
Family Name:: VON STEIN
Name Suffix::
City of Residence:: SPANGA
State or Province of
Residence::

Page #3

Supplemental
10/620,576
03/18/04

Country of Residence:: SWEDEN
Street of Mailing BATSMAN STENS VAG 23
Address::
City of Mailing Address:: SPANGA
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-163-41

Applicant Authority Type:: Inventor
Primary Citizenship Country:: CANADA
Status:: Full Capacity
Given Name:: LIAM
Middle Name::
Family Name:: GOOD
Name Suffix::
City of Residence:: STOCKHOLM
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing TEKNOLOGGATAN 9B
Address::
City of Mailing Address:: STOCKHOLM
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: 113 60

Correspondence Information

Correspondence Customer 000466
Number::

Representative Information

| | |
|-------------------------------------|--------|
| Representative Customer Number:: | 000466 |
|-------------------------------------|--------|

Domestic Priority Information

| | | | |
|------------------|-----------------------|-------------------------|-------------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This application | Non-Provisional of | 60/407,954 | 9/5/02 |
| | | | |

Foreign Priority Information

| | | | |
|-----------|-------------------------|---------------|-----------------------|
| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
| SWEDEN | 0202244-0 | 7/17/02 | Yes |
| | | | |

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::